## **BEST AVAILABLE COPY**

								1	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO								RD 6-771-69-7					
Effective October 1, 2000									09		158	957	
CLAIMS AS FILED - PART I									NTITY	/		NAHT F	
T	OTAL CLAIMS	<del></del>	(Column 1) (Co			umn 2)	TYPE			OR		ENTITY	
FOR			5	9 1			RA		FEE	4	RATE	FEE	
			NUMBER	NUMBER FILED		BER EXTRA	EXTRA BASIC		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			10 4 minus 20= *		*	84	X\$ 9			OR	X\$18=	1512	
INDEPENDENT CLAIMS			/ /////////////////////////////////////			1	X40	) <u>=</u>		OR	X80=	320	
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT				+13				. 070	110	
* If the difference in column 1 is less than zero, enter "0" in column 2								_		OR	+270=	270	
CLAIMS AS AMENDED - PART II							ТОТ	AL		OR	TOTAL	247	
	(Column 1) (Column 2) (Column 3)						SMA	LL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 21	Minus	• 5	) ( ·	=	X\$ 9	)=		OR	X\$18=		
	Independent	· U	Minus	1	<u> </u>	= /	X40	=		OR	X80=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135				070		
								= TAL		OR	+270= TOTAL		
3-7-05 (Column 1) (Column 2) (Column 3)							ADDIT. F			OR A	DDIT. FEE		
AMENDMENT B		CLAIMS		HIGH	ST	(Column 3)		_	ADDI-	F		100)	
		REMAINING AFTER AMENDMENT	<b>3</b> 4.	PREVIO	USLY	PRESENT EXTRA	RATI		TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	./2	Minus	/ (	<u> </u>	=	X\$ 9	=		OR	X\$18=	1	
	Independent	NITATION OF AU	Minus	***	<u>7                                    </u>	=	X40=			OR	X80=	<u> </u>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		Ī	+270=		
							+135: TOT			OR	TOTAL	1	
		(Column 1)		/O.1.	•		ADDIT. F			OR A	DDIT. FEE	+	
ပ	7.7	(Column 1) CLAIMS		(Colum	ST	(Column 3)		_					
MENDMENT	2107-	REMAINING AFTER AMENDMENT		PAID F	USLY	PRESENT EXTRA	RATE	ŀ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••	<u>.</u>	=	X\$ 9=			OR	XS18=		
	Independent	NITATION OF AN	Minus	•••		2	X40=	+	<del>-  </del>	-	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  TOTAL  ADDIT. FEE  TOTAL  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in											TOTAL DOIT, FEE		
T	he "Highest Num	ber Previously Paid	for (Total or	Independer	nt) is the	highest number	found in the	appr	opriate box	in colu	mn 1.		
_													